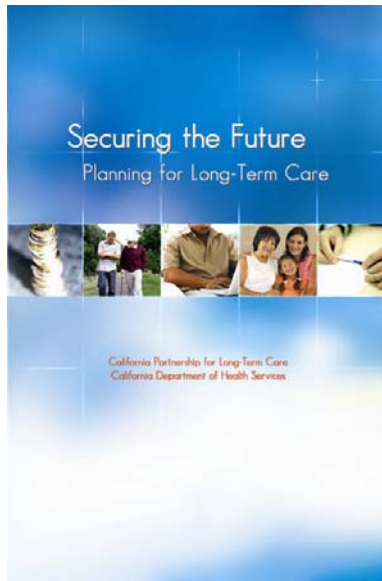


California Partnership for Long-Term Care
"Securing the Future: Planning for your Long-Term Care"
CD Order Form



Please make checks payable to: **California Department of Health Services**. Please indicate in Memo: **CPLTC**.

Qty	Price	Total
	\$99.00	

TOTAL \$

Name: _____

Agent Individual License # _____

LTC Authorized: ☐ YES ☐ NO

Partnership Authorized: ☐ YES ☐ NO

Company: _____

Street Address: _____

City _____

Telephone: _____

Fax: _____

Email: _____

Partnership CE Training Provided by: _____

- ☐ Sandi Kruse Insurance Training ☐ Miley Education & Insurance
☐ Senior Insurance Training Services

Date Partnership CE Training Completed: _____

NOTE: Only agents that have taken the 8-hour Partnership CE are able to order the interactive CD. All sales are final.

CPLTC USE ONLY

Ck#

AMT:

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